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**Proposal for a New or Additional Family Medicine Practice (FMP) Site**

**Review Committee for Family Medicine**

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| Title of Program | Click here to enter text. |
| 10-Digit ACGME Program ID # | Click here to enter text. |
| The signatures of the program director and the designated institutional official (DIO) attest to the completeness and accuracy of the information provided on these forms. | |
| Name of Program Director | Click here to enter text. |
| Signature of Program Director and Date | Click here to enter text. |
| Name of DIO | Click here to enter text. |
| Signature of DIO and Date | Click here to enter text. |

Refer to the Program Requirements effective July 1, 2023. Submit the full proposal electronically to the Review Committee for Family Medicine: [fmpproposals@acgme.org](mailto:fmpproposals@acgme.org).

**Do not assign residents to an unapproved site.**

The requirement that programs must seek prior approval from the Review Committee for a new FMP site pertains to any site where residents will spend the majority (greater than 50 percent) of their time. Additional sites the program uses to augment the continuity experience of the residents (and that do not serve as their main continuity site) do *not* need Review Committee approval.

A program may utilize multiple sites that independently serve as the main FMP site for an individual resident (each satisfying Program Requirements I.D.I.a)-I.D.1.k).(1)), but may not assign an individual resident to more than one main site. Each site serving as a main FMP site requires individual approval by the Review Committee.

Provide responses to 1 and 2 in the text boxes below:

1. State whether this is a proposal for an additional FMP site or for relocation of an existing facility. Give the rationale for opening an additional or new FMP site and the proposed date of implementation.

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| Click here to enter text. |

2. If this is a relocation from an existing site, explain whether the patient population will remain the same or the residents’ continuity experience will be interrupted.

If this is a proposal for an additional FMP site, explain how many and in what years of training residents will be assigned. If PGY-2 or PGY-3 residents are involved, address how they will be able to maintain continuity for a patient panel for two consecutive years, as is required by the Review Committee (PR IV.C.1.b)).

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| Click here to enter text. |

**PROPOSED FAMILY MEDICINE PRACTICE**

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| Name of Center | Click here to enter text. |
| Address | Click here to enter text. |
| Total Resident Complement in Program by PGY (e.g., 8-8-8) | Click here to enter text. |
| Number of Residents that will be Assigned to this FMP Site by PGY (e.g., 2-2-2) | Click here to enter text. |
| Name of Director of FMP Site | Click here to enter text. |

The following are required for the new/additional FMP:

A = waiting room

B = reception/appointment desk for FMP site only

C = records (if an electronic medical record [EMR] is not used)

1 = office lab

2 = resident work area – Add number of residents that work in this area at a given time/capacity.

3 = precepting room – How many people can work in precepting rooms in total?

4 = faculty offices

5 = access to digital resources

If any of these required components is not included in the FMP site, provide an explanation below, including specific details regarding location and proximity to FMP site.

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| Click here to enter text. |

**FMP Information**

List all the FMP sites that will be used by this program. The numbering of the FMP sites should be consistent with the information provided at the time of the last review. The new or additional FMP site being proposed should appear last. If this is a relocation, specify which FMP site it replaces.

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|  | **NAME of FMP Site** | **Miles from Primary Hospital/Travel Time** |
| FMP site #1 | Click here to enter text. | Click here to enter text. |
| FMP site #2 | Click here to enter text. | Click here to enter text. |
| FMP site #3 | Click here to enter text. | Click here to enter text. |
| FMP site #4 | Click here to enter text. | Click here to enter text. |
| FMP site #5 | Click here to enter text. | Click here to enter text. |

Complete the row in the table below for the proposed FMP site(s) only.

|  | **Name of FMP Site** | **Name of FMP Site Director** | **Scheduled operating hours** | **Square feet of floor space available** | **FM preceptor:resident ratio** | **# of exam rooms** | **Maximum # of resident and faculty members seeing patients in FMP site simultaneously** | **# of other learners in FMP site\*** | **Number of FMP Site Personnel** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nursing** | **Clerical** | **Technical** | **Other (specify below)** |
| ***Example*** | ***Johnston FMP Site*** | ***Tom Smith, MD*** | ***8-8 (M-F)***  ***8-1 (S)*** | ***10,000*** | ***1:4*** | ***16*** | ***8*** | ***MS=2***  ***OP=1*** | ***10*** | ***8*** | ***NA*** | ***NA*** |
| FMP  Site #1 | Click here to enter text. | Click here to enter text. | Hours | Sq. feet | Ratio | # | # | # | # | # | # | # |
| FMP  Site #2 | Click here to enter text. | Click here to enter text. | Hours | Sq. feet | Ratio | # | # | # | # | # | # | # |
| FMP  Site #3 | Click here to enter text. | Click here to enter text. | Hours | Sq. feet | Ratio | # | # | # | # | # | # | # |
| FMP  Site #4 | Click here to enter text. | Click here to enter text. | Hours | Sq. feet | Ratio | # | # | # | # | # | # | # |
| FMP  Site #5 | Click here to enter text. | Click here to enter text. | Hours | Sq. feet | Ratio | # | # | # | # | # | # | # |

\*Specify the type and number of other learners in the FMP site. Use the following categories: medical students = MS; other residents = OR; nurse practitioners = NP; other professionals (e.g., dentists, podiatrists) = OP; Specify other personnel in the FMP site: Click here to enter text.

| **Answer the following questions (check YES or NO) for the proposed FMP site(s) only. Make sure you respond in the correct column.** | **FMP Site #1** | **FMP Site #2** | **FMP Site #3** | **FMP Site #4** | **FMP Site #5** |
| --- | --- | --- | --- | --- | --- |
| 1. Does the entry to the FMP site have signage that clearly identifies it as an FMP site? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| 2. Does the residency program director have control of the educational activities in the FMP site? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| 3. Does the residency program director have control of the activities of the support personnel in the FMP site? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| 4. Does the director of the FMP site report to the program director? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| 5. Does the appointment system ensure maximum accessibility of residents to their patients in the FMP site? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| 6. Is there a business office or business function area in the FMP site? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| 7. Is there a conference room at this FMP site large enough to accommodate the residents, faculty members, and other team members? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| 8. Do FMP site patients have convenient access to imaging services? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| 9. Do FMP site patients have convenient access to a diagnostic laboratory? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| 10. Do FMP site patients have access to a program physician after hours? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| 11. Do family physician faculty members see patients without residents in the FMP site? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |

Explain any NO responses.

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| Click here to enter text. |

Describe in detail any activities that take place in the FMP site that are not family medicine residency-related.

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| Click here to enter text. |

If other specialties are located on the same floor of the facility, explain how the FMP is a discrete unit that is separate from these areas. Describe how their presence contributes to the education of the residents. (Program Requirement I.D.1.j))

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| Click here to enter text. |

Specify any other space that is not part of the FMP site that is currently allocated for administrative offices, conferences, etc., for residents/faculty members assigned to this FMP site.

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| Click here to enter text. |

If multiple FMP sites are used, describe:

1. How residents are assigned to the FMP site and whether the assignments are for all three years of the educational program. If not, provide specific details about the levels involved.

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| Click here to enter text. |

1. The degree of contact among the residents from the multiple sites.

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| Click here to enter text. |

Provide the following information on the record system:

1. What kind of system is used? If an electronic health record (EHR) is not used currently, what are the program’s plans or implementing one in the near future?

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1. If an EHR is not used, explain how patients' ambulatory records are maintained in the FMP site and how easy and prompt accessibility to these records is ensured.

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1. Do patients' records contain documentation of all facets of family care, including care provided in the FMP site, hospital, home, via telephone, and in other institutions? Explain if NO.

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1. Do the residents have easy access to the FMP site records 24 hours a day? Explain if NO.

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Describe the system that is in place for ongoing performance improvement, as delineated in Program Requirement I.D.1.k).

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**FMP Site Patient Population**

If the proposed facility has been used as a faculty practice, provide actual data for a one-year period, as follows:

1. Inclusive dates for which the information is provided: July 1, Year to June 30, Year

2. Total number of patient visits to FMP site last year: #

3. Number of FMP site patients admitted to the hospital last year: #

4. Percentage of these patients that will be available for resident education: %

For use of an additional FMP site or relocation of an FMP site that has not been in operation, provide specific details of the anticipated source and size of the patient population during the first year of operation.

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| Click here to enter text. |
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Submit information on FMP demographics (age/sex register), if known, for the past academic year only.

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| **Age** | **Percentage of Total Visits** | **Number of Female Visits** | **Number of Male Visits** |
| Under 2 | % | # | # |
| 2-9 | % | # | # |
| 10-19 | % | # | # |
| 20-29 | % | # | # |
| 30-39 | % | # | # |
| 40-49 | % | # | # |
| 50-59 | % | # | # |
| 60-69 | % | # | # |
| 70 and older | % | # | # |

**Primary and Participating Hospitals**

Complete this table if patients will be hospitalized at a facility not currently approved as part of the residency.

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| --- | --- | --- | --- | --- |
| **Name of Hospital** | Click here to enter text. | | | |
| **Inclusive dates for the following information** | From: Click to enter a date. | | To: Click to enter a date. | |
| **Hospital statistics** | Total number of available beds: | # | Average daily census: | # |

If this facility is different from the teaching site of the residents’ required rotations, explain the logistics of how residents will provide continuity of care at one site while rotating to another. (Program Requirements I.D.1.b)-1.D.1.c))

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| Click here to enter text. |